Und	er the Paperwork PATE	NT APPLIC	ATION I	ersons are require EE DETER for Form PTO	MINATION	a collection of Info	rmation unles	Application	rs a valid OMB con or Docket Nur	nber 142
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		OR	OTHER THAN OR SMALL ENTITY	
FOR NUMBER FILED		R FILED	NUMBER EXTRA		RATE_	FEE		RATE	FEE	
ASIC FEE 37 CFR 1.16(a))							s	OR		\$
OTA	L CLAIMS FR 1.16(c))		minus 20 =			x \$=		OR	x \$=	
NDEPENDENT CLAIMS 37 CFR 1.16(b))			minus 3 =			x \$=		OR	x \$=	
IULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+s =		OR	+ \$=		
						TOTAL		OR	TOTAL	
<u>.</u>	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMALL E	ENTITY_	OR	OTHEF SMALL	
Z Z	101	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMEN	Total (37 CFR 1.16(c))	. 2	Minus	٥٧.	= _	x \$=		OR	x \$=	
칽		· 5/	Minus	<u></u> ی	= /	x \$=		OR	x \$=	
Ĭ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			R 1.16(d))	+\$ _=		OR	+\$=		
_1	THOTTILDE			`		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)			_		
8 1		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
AMENDMENT	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$=		OR	x \$=	
킭		•	Minus	***	=	x \$=		OR	x \$=	
إ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+s =		OR	+ \$=	
Ľ						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)					
NTO		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE
ME	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$=	<u> </u>	OR	x \$=	<u> </u>
ENDMENT	Independent (37 CFR 1.16(b))	•	Minus	***	=	x \$=		OR	x \$=	
AME					FR 1.16(d))	+\$=		OR	+ \$=	
_						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, user the complete of the process of the process of the second of the complete of the complete of the complete of the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.